REMARKS

In response to the office action mailed October 24, 2006, Applicant amended claims 1-3, 10, 11, 14, 16, 18, 21, 23, and 24, and added new claims 28-32. Claim 15 was previously cancelled. Thus, claims 1-14 and 16-32 are presented for examination.

In the office action response dated September 12, 2006, the amendments to the claims were inadvertently shown as being made relative to the claims that were originally filed. However, claims 11 and 21 had been amended in the office action response dated June 16, 2006. Claims 11 and 21, as provided above, reflect the amendments that were made in the office action response dated September 12, 2006 as well as in the office action response dated June 16, 2006. Claims 11 and 21, as well as all other claims that are being amended in this response, also include markings to indicate amendments that are currently being made.

Claims 1-3, 6-14, and 21-27 were rejected under 35 U.S.C. § 102(e) as being anticipated by Cox et al., US 2003/0212451 ("Cox"). As amended, claims 1-3, 6-14, and 21-27 cover a grip with a body region and a hub region, where an outer diameter of the hub region is greater than an outer diameter of the body region. These claims also recite that, during use, the stent abuts the hub region. Cox does not disclose or suggest such a grip.

Referring to Cox's Figure 18, which is reproduced below, Cox discloses a stent delivery system 11 that includes a tip assembly 100. See, e.g., Cox, ¶ 0078. The tip assembly 100 includes a tip component 102 bonded to a stent holder 40. See, e.g., id., ¶ 0079. The tip component 102 includes a recessed area 99 over which a restraining sheath extends when a stent is mounted over the stent holder 40 for delivery. See, e.g., id.

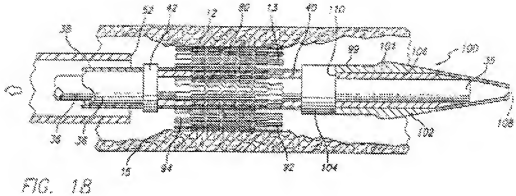

FIG. 18

The Examiner interpreted the stent holder 40 and the tip assembly 100 of Cox's system as being a body region of a grip. The Examiner also interpreted "the second half of tapered edge 101 extending through distal end 108" as a hub region of the grip. Applicant does not concede that the Examiner's interpretation of Cox is appropriate, but, even assuming that such an interpretation were appropriate, the portion of Cox's device which the Examiner interpreted as being a hub region of a grip is not disclosed as being abutted by a stent during use. Rather, Cox describes the tip portions of his systems as contacting his sheath in order to prevent the distal end of his sheath from being exposed during delivery. See, e.g., id., ¶ 0063. Cox neither discloses nor suggests that the stent abuts the tip assembly 102 of his system during use.

In view of the foregoing discussion, Applicant requests reconsideration and withdrawal of the rejection of claims 1-3, 6-14, and 21-27.

Claims 4, 5, 19, and 20 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Cox. But, as discussed above, Cox fails to disclose or suggest a hub region that is abutted by a stent during use. Thus, for at least the reasons discussed above, Applicant requests reconsideration and withdrawal of the rejection of claims 4, 5, 19, and 20.

Claims 16-18 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Cox in view of Gunderson, US 2004/0204749 ("Gunderson"). However, Gunderson only qualifies as prior art to the current application (U.S.S.N. 10/611,551) under 35 U.S.C. § 102(e), and the current application and Gunderson were, at the time the claimed invention was made, commonly

owned by or subject to an obligation of assignment to SCIMED LIFE SYSTEMS, INC. Therefore, Applicant requests reconsideration and withdrawal of the rejection of claims 16-18.

The fee in the amount of $200 for excess claims is being paid herewith on the Electronic Filing System (EFS) by way of Deposit Account authorization. Please apply all charges or credits to Deposit Account No. 06-1050, referencing Attorney Docket No. 10527-794001.

Respectfully submitted,

Date: January 23, 2007

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